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Bib Data Sheet

CONFIRMATION NO. 9504

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|---|---|--------------------------------|---|--------------------------------------|
| SERIAL NUMBER 09/849,625 | FILING DATE 05/04/2001 RULE | CLASS 705 | GROUP ART UNIT 2166 | ATTORNEY DOCKET NO. D-1137 |
| APPLICANTS R. Michael McGrady, Baden, PA; Kevin Mowry, Level Green, PA; Maria Robinson, Wexford, PA; Linda Dean, Cranberry Township, PA; | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/202,508 05/05/2000 <i>OK SHM</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None SHM</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/02/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SHM</i> | | STATE OR COUNTRY PA | SHEETS DRAWING 105 | TOTAL CLAIMS 23 |
| Verified and Acknowledged <i>SHM</i> Examiner's Signature Initials | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS 28995 | | | | |
| TITLE Method of tracking and dispensing medical items | | | | |
| FILING FEE RECEIVED 894 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |